ASQ-3 Ages & Stages Questionnaires® 11 months 0 days through 12 months 30 days Month Questionnaire

Date ASQ completed:								
	М	М	D	D	Υ	Υ	Υ	Υ



Date ASQ completed: M M D D Y Y Y Y	
Baby's information	
Baby's first name:	Middle initial: Baby's last name:
Baby's date of birth: If baby was born 3 or more weeks prematurely, # of weeks premature:	Baby's gender: Male Female
Person filling out questionnaire	
First name:	Middle initial: Last name:
Street address:	Relationship to baby:
Street address.	Recent Councilian Teacher Child care
	Grandparent or other parent Other:
City:	relative State/Province: ZIP/Postal code:
Country:	Home telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
PROG	GRAM INFORMATION
Baby ID #:	
	Age at administration, in months and days: M M D D
Program ID #:	
	If premature, adjusted age, in months and days:
Program name:	M M D D



11 months 0 days through 12 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a respons	e				
	Make completing this questionnaire a game that is fun for you and your baby.	-				
	■ Make sure your baby is rested and fed.					
	Please return this questionnaire by)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby make two similar sounds, such as "ba-ba," " "ga-ga"? (The sounds do not need to mean anything.)	da-da," or	\bigcirc	\bigcirc	\bigcirc	
2.	If you ask your baby to, does he play at least one nursery gar you don't show him the activity yourself (such as "bye-bye," boo," "clap your hands," "So Big")?			\bigcirc	\bigcirc	
3.	Does your baby follow one simple command, such as "Come" "Give it to me," or "Put it back," without your using gesture.		\bigcirc	\bigcirc	\bigcirc	_
4.	Does your baby say three words, such as "Mama," "Dada," a "Baba"? (A "word" is a sound or sounds your baby says cons mean someone or something.)			\bigcirc	\circ	
5.	When you ask, "Where is the ball (hat, shoe, etc.)?" does you look at the object? (Make sure the object is present. Mark "y knows one object.)		\bigcirc	\bigcirc	\circ	
6.	When your baby wants something, does he tell you by point	ing to it?	\bigcirc	\bigcirc	\bigcirc	
			C	COMMUNICATIO	ON TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?		\bigcirc	0	\bigcirc	
2.	While holding onto furniture, does your baby lower herself w (without falling or flopping down)?	rith control	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby walk beside furniture while holding on with a hand?	only one	\bigcirc	\bigcirc	\bigcirc	—

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
4.	If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.)	0		0	
5.	When you hold one hand just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.)			\bigcirc	_
6.	Does your baby stand up in the middle of the floor by himself and take several steps forward?	\circ	\bigcirc	\bigcirc	
			GROSS MOTO	OR TOTAL	_
F	INE MOTOR	YES	SOMETIMES	NOT YET	
1.	After one or two tries, does your baby pick up a piece of string with his first finger and thumb? (The string may be attached to a toy.)	\bigcirc	\bigcirc	\bigcirc	_
2.	Does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger? She may rest her arm or hand on the table while doing it.	\circ	\bigcirc	\circ	—
3.	Does your baby put a small toy down, without dropping it, and then take his hand off the toy?	\bigcirc	\bigcirc	\bigcirc	
4.	Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger?	0	0	0	*
5.	Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)	0		0	
6.	Does your baby help turn the pages of a book? (You may lift a page for him to grasp.)	\bigcirc	\bigcirc	\bigcirc	
			*If Fine Motor Item	n 4 is marked	_

PF	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?	\bigcirc	\bigcirc	\bigcirc	
3.	After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)	\bigcirc	\bigcirc	\bigcirc	
4.	If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, mark "yes" for this item.)	\bigcirc			
5.	Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.)	0	0	0	
6.	After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item.)	\circ	\circ	\bigcirc	
		*If I	ROBLEM SOLVIN Problem Solving Item " or "sometimes," n Solving I	n 5 is marked	
ΡĒ	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? (If he already lets go of the toy into your hand, mark "yes" for this item.)	\circ	\circ	\bigcirc	
2.	When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve?	\bigcirc	\bigcirc	\bigcirc	
3.	When you hold out your hand and ask for his toy, does your baby let go of it into your hand?	\bigcirc	\bigcirc	\bigcirc	
4.	When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby roll or throw a ball back to you so that you can return it to him?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby play with a doll or stuffed animal by hugging it?	\bigcirc	\bigcirc	\bigcirc	
		Р	ERSONAL-SOCI	AL TOTAL	



OVERALL

Pai	rents and providers may use the space below for additional comments.			
1.	Does your baby use both hands and both legs equally well? If no, explain:	YES	O NO	
2.	Does your baby play with sounds or seem to make words? If no, explain:	YES	O NO	
3.	When your baby is standing, are her feet flat on the surface most of the time? If no, explain:	YES	O NO	
4.	Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:	YES	O NO	
5.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO	

OVERALL (continued)			
6. Do you have concerns about your baby's vision? If yes, explain:	YES	O NO	
7. Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO	
8. Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO	
9. Does anything about your baby worry you? If yes, explain:	YES	O NO	



11 months 0 days through 12 months 30 days

۰.	aby's name:							Г)ata	۸۶۸	comple	+od:							
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	aby's ID #: dministering pr	ogram/p							Vas a	ge a	djusted	for prer	maturity nnaire?	0		_	No		
1.	. SCORE AND responses ar In the chart b	e missing	g. Score	each ite	m (YES	= 10, 9	SOMET	IMES =	5, N	OT Y	'ET = 0).	. Add ite	em scores,						
	Area	Cutoff	Total Score	0	5	10	15	20		25	30	35	40	45	50)	55	ć	60
	Communication	15.64	000.0					\bigcirc	($\overline{}$		\bigcirc	\bigcirc	\bigcap	\overline{C})	\bigcirc	(\overline{C}
	Gross Motor	21.49						Ŏ		$\overline{)}$	Ŏ	Ŏ	$\overline{\bigcirc}$	$\overline{\bigcirc}$	\overline{C}		Ŏ		$\overline{\mathbb{C}}$
	Fine Motor	34.50										Ö	O	Ō	\overline{C}		Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline}}}}}}$
	Problem Solving	27.32									0	Ö		Ō	\overline{C}		Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{$
	Personal-Social	21.73							(\bigcirc				Ō	\overline{C})	O		\overline{C}
2.	. TRANSFER (OVERAL	I RESPO	ONSES:	Rolded	unner	case re	snonses	regu	iira f	ollow-ur	See A	SO-3 Usa	r's Gu	iida (^har	ster 6		
	Uses both Comments	hands a				• •	Yes	NO	•	Со	ncerns a	about vis		3 04	iiac, ·		ES	No)
	-	2. Plays with sounds or seems to make words? Yes NO 7. Any medical problems? Comments: Comments:										Y	ES	No)				
	3. Feet are fl Comments		e surface	most of	f the tim	ne?	Yes	NO	8.		ncerns a		ehavior?			Y	ES	No)
	4. Concerns Comments		ot makin	g sound	s?		YES	No	9.		her cond mments					Y	ES	No)
	5. Family hist	-	earing in	npairme	nt?		YES	No											
3.	. ASQ SCORE responses, a																s, ove	erall	
	If the baby's If the baby's If the baby's	total sco	ore is in t	the 📖	area, it i	s close	e to the	cutoff.	Provi	de le	earning a	activities	s and mon	itor.					
4.	FOLLOW-UF	ACTIO	N TAKEI	N: Chec	k all tha	t apply	/.					5.	OPTIONA	AL: Tr	ansfe	r ite	m res	pons	ses
	Provide											(Y =	YES, S =	SOM	ETIM				
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	Refer fo		•	-				oehavioi	ral sc	reen	ing.			1	2	3	4	5	6
		primary			•						•		mmunication	+					
	reason):										·		Gross Motor	+					
	Refer to	early int	terventic	on/early	childhoo	od spe	cial edu	ucation.					Fine Motor	+					
	No furth	ner action	n taken a	at this tir	me							Prol	blem Solving						

Personal-Social

ASQ3 Ages & Stages Questionnaires® 14 Month Questionnaire

Date ASQ completed:								
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Date ASQ completed:	M M D) D ,	/ Y	YY												\/		1					
Baby's inform	ation																						
	iation							iddle															
Baby's first name:							in ı r	itial:	Bak	oy's la	st nar	me:											
Baby's date of birth: M M D D Y		3 c pro we	paby was or more v ematurel eks prer	weeks y, # of	f				Bak	oy's g			emale										
Person filling o	out ques	stionn	aire					iddle															
First name:							in 	itial:	Las	t nam	e:								Т	\top			
Street address:							l L				Rela	ationshi	n to b	abv.									
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											\subset	Grand or oth	lparen er	t 🔘	Foste parer		\subset) Otl	ner:				
City:												relativ	'e		Stat	e/Pro	vinc	e: :	ZIP/Po	ostal c	ode:		
Country:						'	Lam	e telep							O+h	l	 h		umbe		'		
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E-mail address:				Τ							Т							Т					
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Names of people assistin	g in questio	nnaire c	ompletio	n:																			
2 1 12 11					P	ROC	SRAI	M IN	FOF	RMA	TIO	N											
Baby ID #:							_	٦									Г		_				
									Age	at adr	ninist	ration, i	n mon	ths and	days:		Ļ			Ц			
Program ID #:								7									_ r	M N	/I 	D	<u></u>		
									If pre	matu	re, ad	ljusted a	age, in	month	s and	days:							
Program name:								, ,								_	1	M N	/1	D	υ 		7



13 months 0 days through 14 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a response.					
	Make completing this questionnaire a game that is fun for you and your baby.					
	☑ Make sure your baby is rested and fed.					
	✓ Please return this questionnaire by					—)
bal	this age, many toddlers may not be cooperative when asked to by more than one time. If possible, try the activities when your b rk "yes" for the item.	_	-	-		-
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consist mean someone or something.)		\bigcirc	0	\bigcirc	
2.	When your baby wants something, does she tell you by pointing	ng to it?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby shake his head when he means "no" or "yes"?		\bigcirc	\bigcirc	\bigcirc	
4.	Does your baby point to, pat, or try to pick up pictures in a boo	ok?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby say four or more words in addition to "Mama" "Dada"?	and	\bigcirc	\bigcirc	\bigcirc	_
6.	When you ask her to, does your baby go into another room to miliar toy or object? (You might ask, "Where is your ball?" or sa "Bring me your coat," or "Go get your blanket.")		\bigcirc	\bigcirc	\bigcirc	_
	Bring the your coat, or do get your blanket.		C	OMMUNICATIO	ON TOTAL	_
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.)		0			
2.	When you hold one hand just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.)				\circ	_

GROSS	S MOTOR (continued)	YES	SOMETIMES	NOT YET	
	our baby stand up in the middle of the floor by himself and take steps forward?	\bigcirc	\bigcirc	\bigcirc	
	our baby climb onto furniture or other large objects, such as limbing blocks?	\bigcirc	\bigcirc	\bigcirc	
	our baby bend over or squat to pick up an object from the floor en stand up again without any support?	\bigcirc	\bigcirc	\bigcirc	
	our baby move around by walking, rather than by crawling on his and knees?	\bigcirc	\bigcirc	\bigcirc	
			GROSS MOTO	OR TOTAL	
FINE M	MOTOR	YES	SOMETIMES	NOT YET	
baby p	at resting her arm or hand on the table, does your ick up a crumb or Cheerio with the <i>tips</i> of her and a finger?	\bigcirc	0	\bigcirc	
	our baby throw a small ball with a forward arm mo- f he simply drops the ball, mark "not yet" for this item.)	\bigcirc	0	\bigcirc	
3. Does y	our baby help turn the pages of a book? (You may lift a page for grasp.)	\bigcirc	\bigcirc	\bigcirc	
(You co	our baby stack a small block or toy on top of another one? ould also use spools of thread, small boxes, or toys that are 1 inch in size.)		\bigcirc	\bigcirc	
	our baby make a mark on the paper with the <i>tip</i> ayon (or pencil or pen) when trying to draw?	\bigcirc	\circ	\bigcirc	
6. Does y	our baby stack three small blocks or toys on top of each other self?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	



ΡI	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although he may not let go of it? (If he already lets go of the toy into a bowl or box, mark "yes" for this item.)	\bigcirc	\circ	\bigcirc	
2.	Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show her how to do it.)	0	\bigcirc	0	,
3.	After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If he already scribbles on his own, mark "yes" for this item.)	\bigcirc	0	\bigcirc	—
4.	Can your baby drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby drop several small toys, one after another, into a container like a bowl or box? (You may show her how to do it.)	\bigcirc	\bigcirc	\bigcirc	
6.	After you have shown your baby how, does he try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?	\bigcirc	\bigcirc	\bigcirc	
	Spooli, stick, or similar toor:	*If I	ROBLEM SOLVIN Problem Solving Item " or "sometimes," rr Solving Iter	2 is marked	
ΡI	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby roll or throw a ball back to you so that you can return it to him?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby play with a doll or stuffed animal by hugging it?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your baby feed herself with a spoon, even though she may spill some food?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby help undress himself by taking off clothes like socks, hat, shoes, or mittens?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby get your attention or try to show you something by pulling on your hand or clothes?	\bigcirc	\bigcirc	\bigcirc	
		Р	ERSONAL-SOCI	AL TOTAL	



OVERALL

rents and providers may use the space below for additional comments.			
Does your baby use both hands and both legs equally well? If no, explain:	YES	O NO	
			_/
Does your baby play with sounds or seem to make words? If no, explain:	YES	O NO	
			_/
When your baby is standing, are her feet flat on the surface most of the time? If no, explain:	YES	O NO	
			_
	YES	O NO	
other babies do? If yes, explain:			
	\bigcirc		_/
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	○ YES	∪ NO	
			_/
	Does your baby use both hands and both legs equally well? If no, explain: Does your baby play with sounds or seem to make words? If no, explain: When your baby is standing, are her feet flat on the surface most of the time? If no, explain: Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:	Does your baby use both hands and both legs equally well? If no, explain: Over your baby play with sounds or seem to make words? If no, explain: Over yes When your baby is standing, are her feet flat on the surface most of the time? If no, explain: Over yes Ov	Does your baby use both hands and both legs equally well? If no, explain: YES NO

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OVERALL (continued)			
Do you have concerns about your baby's vision? If yes, explain:	YES	O NO	
Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO	
Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO	
Does anything about your baby worry you? If yes, explain:	YES	O NO	
			,
	Do you have concerns about your baby's vision? If yes, explain: Has your baby had any medical problems in the last several months? If yes, explain: Do you have any concerns about your baby's behavior? If yes, explain:	Do you have concerns about your baby's vision? If yes, explain: YES Has your baby had any medical problems in the last several months? If yes, explain: YES Do you have any concerns about your baby's behavior? If yes, explain:	Do you have concerns about your baby's vision? If yes, explain: NO YES NO NO Do you have any concerns about your baby's behavior? If yes, explain: YES NO NO



13 months 0 days through 14 months 30 days

Ba	aby's name:							[Date	ASC	Ω comple	ted:							
Ba	aby's ID #:							I	Date	of b	irth:								
	dministering pr																		
1.	SCORE AND responses are In the chart k	e missin	g. Score	each ite	m (YES =	= 10, S	OMET	TIMES =	5, N	IOT	YET = 0).	. Add ite	em scores	, and					
	Area	Cutoff	Total Score	0	5	10	15	20		25	30	35	40	45	50)	55	ć	50
	Communication	17.40								$\overline{\bigcirc}$	\circ	0	\bigcirc	\bigcirc	\overline{C})	\bigcirc	(\overline{C}
	Gross Motor	25.80								Ŏ	0	Ō	0	$\overline{\bigcirc}$	\overline{C}		Ō		$\overline{\mathbb{C}}$
	Fine Motor	23.06								\bigcirc	O	Ŏ	0	Ō	\overline{C}		Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline}}}}}}$
	Problem Solving	22.56							T	$\overline{\bigcirc}$	0	6	$\overline{\bigcirc}$	Ŏ	\overline{C}		Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline}}}}}}}}}}$
	Personal-Social	23.18								Ŏ	Ō	Ö	Ö	Ō	\overline{C}		Ō		\overline{C}
2.	TRANSFER		I DECD	JNISES:	Boldod i	innord	saco ro	cnonco	s rog	uiro	followur	Soo A	SO 3 Uso	r's Gu	iida (^han	tor 6		
۷.	Uses both Comments	hands a					Yes	NO	·	Co	oncerns a	about vi		1 5 Gu	iide, v	·	ES	No)
	2. Plays with Comments		or seems	s to mak	e words?	,	Yes	NO	7.		ny medica omments		ems?			Y	ES	No)
	3. Feet are fl Comments		e surface	most of	f the time	e?	Yes	NO	8.		oncerns a		ehavior?			Y	ES	No)
	4. Concerns Comments		ot makin	g sound	s?		YES	No	9.		ther conc omments					Y	ES	No)
	5. Family hist Comments	-	earing ir	npairme	nt?		YES	No											
3.	ASQ SCORE responses, a																s, ove	erall	
	If the baby's If the baby's If the baby's	total sco	ore is in t	the 📖	area, it is	close	to the	cutoff.	Prov	ide l	learning a	activitie	s and mor	nitor.					
4.	FOLLOW-UF	ACTIO	N TAKE	N: Chec	k all that	apply.						5.	OPTION	AL: Tr	ansfe	r ite	m res	pons	ses
					ı m							(Y =	YES, S =	SOM	ETIM				
					care pro							Χ =	response	1	T .				
			·	-	aring, vis		nd/or ł	behavio	ral so	creer	nina.			1	2	3	4	5	6
					vider or c						Ū		mmunication						
											·		Gross Motor	+					
	Refer to	early in	terventic	n/early	childhoo	d spec	cial edu	ucation.					Fine Motor	+-					
	No furth	er actio	n taken a	at this tir	me						Pro	blem Solving	1						

Personal-Social

ASQ-3 Ages & Stages Questionnaires® 15 months 0 days through 16 months 30 days Month Questionnaire

Child's information	Date ASQ completed:	M	M	D	D	Y	Y	Y	Y
	Child's inform	• • • • • • • • • • • • • • • • • • • •)	·	•	•	•



Child's information		
Child's first name:	Middle initial:	Child's last name:
Child's date of birth: M M D D Y Y Y Y	If child was born 3 or more weeks prematurely, # of weeks premature:	Child's gender: Male Female
Person filling out question	nnaire	
First name:	Middle initial:	Last name:
Street address:		Relationship to child:
		Parent Guardian Teacher Child care provider
		Grandparent Foster Other:
City:		State/Province: ZIP/Postal code:
Country:	Home telepl	hone number: Other telephone number:
E-mail address:		
Names of people assisting in questionnair	e completion:	
Child ID #:	PROGRAM IN	FORMATION
		Age at administration, in months and days:
Program ID #:		M M D D
		If premature, adjusted age, in months and days:
Program name:		M M D D



15 months 0 days through 16 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your child before marking a response	e. 				
	Make completing this questionnaire a game that is fun for you and your child.					
	☑ Make sure your child is rested and fed.					
	☑ Please return this questionnaire by					—)
chi	this age, many toddlers may not be cooperative when asked t ld more than one time. If possible, try the activities when your rk "yes" for the item.					
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your child point to, pat, or try to pick up pictures in a b	ook?	\bigcirc		\bigcirc	
2.	Does your child say four or more words in addition to "Mama "Dada"?	a" and	\bigcirc	\bigcirc	\bigcirc	
3.	When your child wants something, does she tell you by point	ing to it?	\bigcirc		\bigcirc	
4.	When you ask your child to, does he go into another room to miliar toy or object? (You might ask, "Where is your ball?" or "Bring me your coat," or "Go get your blanket.")		\bigcirc	\circ	0	
5.	Does your child imitate a two-word sentence? For example, of say a two-word phrase, such as "Mama eat," "Daddy play," "home," or "What's this?" does your child say both words back (Mark "yes" even if her words are difficult to understand.)	Go	\bigcirc	\circ	\bigcirc	
6.	Does your child say eight or more words in addition to "Mam" "Dada"?	aa" and	\bigcirc	\bigcirc	\bigcirc	
				COMMUNICATIC	N TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	Does your child stand up in the middle of the floor by himsel several steps forward?	f and take	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child climb onto furniture or other large objects, so large climbing blocks?	uch as	\bigcirc	\bigcirc	\bigcirc	
3.	Does your child bend over or squat to pick up an object from and then stand up again without any support?	the floor	\bigcirc	\bigcirc	\bigcirc	

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
4.	Does your child move around by walking, rather than crawling on her hands and knees?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child walk well and seldom fall?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?	\bigcirc	\circ	\bigcirc	_
	According.		GROSS MOTO		
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child help turn the pages of a book? (You may lift a page for her to grasp.)	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)	0	\bigcirc	0	
3.	Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	\circ	0	\bigcirc	_
4.	Does your child stack three small blocks or toys on top of each other by herself?	\bigcirc	\bigcirc	\bigcirc	_
5.	Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw?	\bigcirc	\circ	\bigcirc	
6.	Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	After you scribble back and forth on paper with a crayon (or pencil or pen), does your child copy you by scribbling? (If she already scribbles on her own, mark "yes" for this item.)	\bigcirc	\bigcirc	\bigcirc	
2.	Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?	\bigcirc	\bigcirc	\bigcirc	_
3.	Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)	\bigcirc	\bigcirc	\bigcirc	

P	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
4.	After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?	0	0	\bigcirc	
5.	Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?	\bigcirc	\bigcirc	\bigcirc	
6.	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out? (You may show her how.)	\bigcirc	\bigcirc	\bigcirc	
			OBLEM SOLVIN oblem Solving Item "yes," mark Prob Item	5 is marked	
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your child feed himself with a spoon, even though he may spill some food?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your child play with a doll or stuffed animal by hugging it?	\bigcirc	\bigcirc	\bigcirc	
4.	While looking at himself in the mirror, does your child offer a toy to his own image?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child get your attention or try to show you something by pulling on your hand or clothes?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?	\bigcirc	\bigcirc	\bigcirc	
		PE	RSONAL-SOCI	AL TOTAL	
0	VERALL				
Ра	rents and providers may use the space below for additional comments.				
1.	Do you think your child hears well? If no, explain:		YES	O NO	



YES	O NO
YES	O NO
YES	О NO
YES	O NO
YES	○ NO
YES	O NO
	YES



15 months 0 days through 16 months 30 days

Ch	nild's r	name:							D	ate AS	Q comple	eted:							
Ch	nild's II	D #:							D	ate of	birth:								
			Was age adjusted when selecting. E AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for sees are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0 chart below, transfer the total scores, and fill in the circles corresponding with a circles corresponding with a circle score score sponding with a circle score sp							0	Yes	0	No						
1.	resp	onses ar	e missing	g. Score	each ite	m (YES	= 10, S	OMETII	MES = 5	5, NO	$\Gamma YET = 0$. Add ite	em scores	, and					
			ſ	Total	I						•				50	n .	55	,	60
	Comm			Score	Ŏ	Ŏ			-					\bigcap					$\overline{\mathbb{C}}$
										$\overline{}$		Ŏ		$\overline{\bigcirc}$	Ĭ				$\overline{\mathbb{C}}$
	Fine Motor		31.98									\bigcirc		$\overline{\bigcirc}$	_				$\overline{\overline{\mathbb{C}}}$
	Proble	m Solving	30.51		Ŏ							$\overline{\circ}$	O L						$\overline{\mathbb{C}}$
	Perso	nal-Social	26.43									Ō		Ŏ			Ŏ		$\overline{\mathbb{C}}$
2	TDA	NCEED (OVEDAL	I DECD	ONCEC.	Daldad					fallow	n Coo A	SO 2 Uaa	ur'a Gu	ا ماء ا	Char	+or 4		
۷.	1.	Hears we	ell?	L KESP	JINSES:	bolaea	upperc			-	Concern	s about		ers Gu	iiae,	·			Vo
	Talks like other toddlers his age? Comments:						Yes	NO	7.	Any med	lical prol						١	Vo	
				t of wha	t your ch	ild says	?	Yes	NO	8.	8. Concerns about behavior? Comments:						YES	1	Nο
				climbs li	ke other	toddle	rs?	Yes	NO	9.							YES	1	Vo
				hearing	impairm	ent?		YES	No										
when selecting questionnaire? Yes No 1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust score responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each are In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores. Area Cutoff Score 0 5 10 15 20 25 30 35 40 45 50 55 Communication 16.81		erall																	
	If th	e child's	total sco	ore is in t	the 🔲 a	area, it	is close	to the c	cutoff. P	rovide	learning	activitie:	s and mor	nitor.					
4.	FOLLOW-UP ACTION TAKEN: Check all that apply										5.	OPTION	AL: Tr	ansfe	er ite	m res	nons	ses	
												(Y =	YES, S =	SOM	ETIM				
								•				X =	response	missi	ng).				
				•	•	•		nd/or he	ehaviora	al scre	enina.			+	2	3	4	5	6
						_					•	Со	mmunication	n					
														+					
		Refer to	early int	terventio	on/early	childho	od spec	ial educ	cation.					-					
												Pro	blem Solving	9					<u> </u>

Personal-Social

ASQ3 Ages & Stages Questionnaires®

18 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:

2										
Child's information										
Child's first name:		Middle initial:	Child's last	name:						
Child's date of birth:	If child was born 3 or more weeks prematurely, # of weeks premature:		Child's general Male	der: Female						
Person filling out questionnaire Middle										
First name:		initial:	Last name:							
Street address:			F	Relationship to ch	ild:					
				Parent	Guard		Teache	r (Child prov	d care ider
			(Grandparent or other	Foste parer		Other:			
City:				relative	Stat	te/Provin	ce: ZIP/	Postal	code:	
Country:		Home telep	none number	:	Oth	er telepł	none numb	oer:		
E-mail address:										-

PROGRAM INFORMATION

Age at administration, in months and days:

If premature, adjusted age, in months and days:

M M

D D

Child ID #:

Program ID #:

Program name:

Names of people assisting in questionnaire completion:



17 months 0 days through 18 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your child before marking a response	onse.				
	Make completing this questionnaire a game that is fun you and your child.	n for				
	✓ Make sure your child is rested and fed.					
	Please return this questionnaire by					—)
chi	this age, many toddlers may not be cooperative when asked ild more than one time. If possible, try the activities when yeark "yes" for the item.					
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	When your child wants something, does she tell you by p	ointing to it?	\bigcirc	\bigcirc		
2.	When you ask your child to, does he go into another roor miliar toy or object? (You might ask, "Where is your ball?" "Bring me your coat," or "Go get your blanket.")		\bigcirc	\bigcirc	\bigcirc	_
3.	Does your child say eight or more words in addition to "No "Dada"?	Mama" and	\bigcirc	\bigcirc	\bigcirc	
4.	Does your child imitate a two-word sentence? For examp say a two-word phrase, such as "Mama eat," "Daddy play home," or "What's this?" does your child say both words (Mark "yes" even if her words are difficult to understand.	y," "Go back to you?	0			
5.	Without your showing him, does your child <i>point</i> to the c when you say, "Show me the kitty," or ask, "Where is the needs to identify only one picture correctly.)		\circ	\bigcirc	\bigcirc	
6.	Does your child say two or three words that represent diftogether, such as "See dog," "Mommy come home," or '(Don't count word combinations that express one idea, subye," "all gone," "all right," and "What's that?") Please gample of your child's word combinations:	'Kitty gone"? uch as "bye-	0	0	0	
			C	COMMUNICATIO	ON TOTAL	

G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child move around by walking, rather than by crawling on her hands and knees?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your child walk well and seldom fall?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?		0		
5.	Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)				
6.	When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	\bigcirc	\bigcirc	\circ	
			GROSS MOTO	OR TOTAL	
F	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)	0		0	
2.	Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)		0	\circ	
3.	Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw?	0	\bigcirc	\bigcirc	_
4.	Does your child stack three small blocks or toys on top of each other by himself?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	\bigcirc	\bigcirc	\bigcirc	
6.	Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	

P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)	\bigcirc	\bigcirc	\bigcirc	
2.	After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?	\circ	\bigcirc	\bigcirc	
3.	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)	0	\bigcirc	\bigcirc	
4.	Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?			\bigcirc	
5.	After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)				_
6.	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.)	\bigcirc	\bigcirc	\circ	*
		*If P	OBLEM SOLVIN roblem Solving Item or "sometimes," n Solving I	n 6 is marked	_
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	While looking at herself in the mirror, does your child offer a toy to her own image?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child play with a doll or stuffed animal by hugging it?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your child get your attention or try to show you something by pulling on your hand or clothes?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child drink from a cup or glass, putting it down again with little spilling?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	\bigcirc	\bigcirc	\bigcirc	
		PE	rsonal-soci	AL TOTAL	



OVERALL

ASQ3	

O	VERALL (continued)			
7.	Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO	
8.	Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO	
9.	Does anything about your child worry you? If yes, explain:	YES	O NO	



17 months 0 days through 18 months 30 days

Ch	nild's name:							Da	ate AS	Q comple	ted:							
Ch	nild's ID #:							Da	ate of l	birth:								
	Administering program/provider:									adjusted selecting			\circ	Yes	\circ	No		
1.	SCORE AND TRANSFER TOTALS TO CHART BELOW: See <i>ASQ-3 User's Guide</i> for de responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Ac In the chart below, transfer the total scores, and fill in the circles corresponding with the						. Add it	em scores,										
		1	Total	0	5	10	15	20	25	30	35	40	45	50)	55	,	60
	Area Communication	13.06	Score		Ğ			0	\bigcirc		\bigcirc	\bigcirc	$\frac{73}{\bigcirc}$			0		$\overline{\mathbb{C}}$
	Gross Motor	37.38				Ŏ			Ŏ		$\overline{}$	\bigcap	$\tilde{\cap}$	\overline{C}		$\frac{\circ}{\circ}$		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{$
	Fine Motor	34.32			Ŏ								$\overline{\bigcirc}$			$\overline{\circ}$		$\overline{\mathbb{C}}$
	Problem Solving	25.74			Ŏ	Ŏ			Ŏ		Ŏ	0	$\overline{\bigcirc}$	\overline{C}		Ŏ		$\overline{\mathbb{C}}$
	Personal-Social	27.19									O	ĪŎ	Ŏ	\overline{C}		Ŏ		$\tilde{\mathbb{C}}$
2	TDANICEED (OVEDAL	I DECD	ONCEC.	Daldad					fallow	- Saa /	NSO 2 Upo	r'a Gu	ا ماء ا	Chan	+0 = 4		
۷.	 TRANSFER OVERALL RESPONSES: Bolded upperc Hears well? Comments: 						Yes	NO	•	Concerns Commer	s about		s Gu	nae, v	·	YES		No
		2. Talks like other toddlers his age? Comments:3. Understand most of what your child says? Comments:				Yes	NO	7.	Any med		cal problems? s:					1	No	
						Yes	NO	8.	Concerns Commer	about behavior? ts:					YES	1	No	
		Walks, runs, and climbs like other toddlers? Comments:					Yes	NO	9.	Other co					,	YES	1	No
	5. Family h Commer	-	hearing	impairm	nent?		YES	No										
3.	ASQ SCORE responses, a															s, ove	erall	
	If the child's If the child's If the child's	total sco	ore is in t	the 🔲 i	area, it	is close	to the c	cutoff. P	rovide	learning	activitie	s and mon	itor.					
4. FOLLOW-UP ACTION TAKEN: Check all that apply. 5. OPTIONAL: Transfer item r									m res	nons	ses							
	Provide										(Y =	= YES, S =	SOM	ETIM				
	Share re						•				X =	response	missi	ng).				
	Refer fo		•	•			nd/or be	-haviora	al scree	enina			1	2	3	4	5	6
					•					•	Со	mmunication						
	reason):						community agency (specify			Gross Motor	+		<u> </u>			 		
	Refer to	early in	terventic	on/early	childho	od spec	cial educ	cation.				Fine Motor						
	No furth	ner actio	n taken a	at this tir	me						Pro	blem Solving	_					<u> </u>

Personal-Social

ASQ-3 Ages & Stages Questionnaires®

20 Month Questionnaire

Date ASQ completed:							
•	M	М	D	D	Υ	Υ	 Y



M M D D Y Y Y	V
Child's information	
Child's first name:	Middle initial: Child's last name:
Child's date of birth: If child was born 3 or more weeks prematurely, # of weeks premature: Person filling out questionnaire	Child's gender: Male Female
First name:	Middle initial: Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent or other parent Other:
City:	State/Province: ZIP/Postal code:
Country:	lome telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
PROGR	RAM INFORMATION
Child ID #:	Age at administration, in months and days: M M D D
Program ID #:	
	If premature, adjusted age, in months and days:
Program name:	M M D D



19 months 0 days through 20 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

In	portant Points to Remember:	Notes:				
	Try each activity with your child before marking a response.			·		
<u></u>	Make completing this questionnaire a game that is fun for you and your child.					
₫	Make sure your child is rested and fed.					
√ ⊴	Please return this questionnaire by					
child	s age, many toddlers may not be cooperative when asked to do more than one time. If possible, try the activities when your child "yes" for the item.					
CO	MMUNICATION		YES	SOMETIMES	NOT YET	
sa h	oes your child imitate a two-word sentence? For example, when ay a two-word phrase, such as "Mama eat," "Daddy play," "Goome," or "What's this?" does your child say both words back to Mark "yes" even if her words are difficult to understand.)					
	oes your child say eight or more words in addition to "Mama" a Dada"?	nd	\bigcirc		\bigcirc	
W	lithout your showing him, does your child <i>point</i> to the correct pinen you say, "Show me the kitty," or ask, "Where is the dog?" (seeds to identify only one picture correctly.)		\bigcirc	0	\bigcirc	
	you point to a picture of a ball (kitty, cup, hat, etc.) and ask your What is this?" does your child correctly <i>name</i> at least one picture		\bigcirc	\bigcirc	\bigcirc	
	/ithout your giving him clues by pointing or using gestures, can yould carry out at least three of these kinds of directions?	your	\bigcirc	\bigcirc	\bigcirc	
	a. "Put the toy on the table." d. "Find your coat."	,				
	b. "Close the door." e. "Take my hand."					
	c. "Bring me a towel."					
to (E b	oes your child say two or three words that represent different id ogether, such as "See dog," "Mommy come home," or "Kitty go Don't count word combinations that express one idea, such as "kye," "all gone," "all right," and "What's that?") Please give an emple of your child's word combinations:	one"? oye-			0	
				COMMUNICATIO	NI TOTAL	
				COMMUNICATIO	N TOTAL	

G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?		\circ	\bigcirc	
2.	Does your child walk well and seldom fall?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	\bigcirc	\bigcirc	\bigcirc	
4.	When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	0			
5.	Does your child run fairly well, stopping herself without bumping into things or falling?	\bigcirc		0	
6.	Does your child walk either up or down at least two steps by himself? He may also hold onto the railing or wall.	0	GROSS MOTO	OR TOTAL	
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw?	\bigcirc	\bigcirc	\bigcirc	_
2.	Does your child stack three small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	\bigcirc	0	\bigcirc	
3.	Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	\bigcirc	\bigcirc	\bigcirc	_
4.	Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child stack six small blocks or toys on top of each other by himself?	\bigcirc	\bigcirc	\bigcirc	

F	NE MOTOR (continued)	YES	SOMETIMES	NOT YET								
6.	Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	\bigcirc	\bigcirc	\bigcirc								
			FINE MOTO	OR TOTAL								
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET								
1.	Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?	\bigcirc	\circ	\bigcirc								
2.	After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)	0			_							
3.	If you do any of the following gestures, does your child copy at least one of them?	\bigcirc	\bigcirc	\bigcirc								
	a. Open and close your mouth. c. Pull on your earlobe.											
	b. Blink your eyes. d. Pat your cheek.											
4.	If you give your child a bottle, spoon, or pencil upside down, does she turn it right side up so that she can use it properly?	\bigcirc	\bigcirc	\bigcirc								
5.	While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least two blocks side by side? (You can also use spools of thread, small boxes, or other toys.)		0									
6.	If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	\bigcirc	\bigcirc	\bigcirc								
	neip you in the kitcheny.	PROBLEM SOLVING TOTAL										
Ρ	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET								
1.	Does your child feed herself with a spoon, even though she may spill some food?	\bigcirc	\bigcirc	\bigcirc	_							
2.	Does your child get your attention or try to show you something by pulling on your hand or clothes?	\bigcirc	\bigcirc	\bigcirc								
3.	Does your child drink from a cup or glass, putting it down again with little spilling?	\bigcirc	\bigcirc	\bigcirc								
4.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	\bigcirc	\circ	\bigcirc								

	RASQ3	20 Month Quest	page 5 of 6		
P	ERSONAL-SOCIAL (continued)	YES	SOMETIMES	NOT YET	
5.	When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?	\bigcirc	\bigcirc	\bigcirc	_
6.	Does your child eat with a fork?	\bigcirc	\bigcirc	\bigcirc	
			PERSONAL-SOCIA	L TOTAL	_
C	VERALL				
Pa	rents and providers may use the space below for additional comments.				
1.	Do you think your child hears well? If no, explain:		YES	O NO	
2.	Do you think your child talks like other toddlers her age? If no, explain:		YES	O NO	
3.	Can you understand most of what your child says? If no, explain:		YES	O NO	
4.	Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:		YES	O NO	

ASQ3

OVERALL (continued)		
 Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: 	YES	O NO
6. Do you have any concerns about your child's vision? If yes, explain:	YES	O NO
7. Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO
8. Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO
9. Does anything about your child worry you? If yes, explain:	YES	O NO



19 months 0 days through 20 months 30 days

Ch	ild's	name:							Da	ate AS	iQ comple	ted:										
Ch	ild's	ID #:							Da	ate of	birth:											
		stering pr								as age	adjusted selecting	for pre	maturity	0			No					
1.	res	ponses ar	e missing	g. Score	each ite	m (YES	= 10, S	OMETII	MES = 5	5, NO	$\Gamma YET = 0$. Add it	s, including em scores, tal scores.									
		Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50)	55		60			
	Comr	munication	20.50							С		D	0	$\overline{\bigcirc}$	\overline{C})	0	($\overline{\bigcirc}$			
	Gı	ross Motor	39.89											Ō)	O	(Ō			
	F	ine Motor	36.05										0	<u>D</u>)	0	($\overline{\bigcirc}$			
	Proble	em Solving	28.84									0		Ō	\overline{C})	0	($\overline{\bigcirc}$			
	Perso	onal-Social	33.36									0	0	$\overline{\bigcirc}$	C)	0	($\overline{\mathbb{C}}$			
2.	TR	ANSFER (OVERAL	L RESPO	ONSES:	Bolded	upperd	ase res	oonses r	equire	e follow-up	o. See A	ASQ-3 User	's Gu	ide, (Chap	ter 6					
	1.	Hears we						Yes	NO	6.	Concerns		vision?				YES	1	No			
	2.	Talks like Commer		oddlers h	nis age?			Yes	NO	7.	Any med	nedical problems? YES										
	3.	Understa Commer		t of what	your ch	nild says	i?	Yes	NO	8.	Concerns			YES	ı	No						
	4.	Walks, ru Commer		climbs lil	ke othe	r toddle	ers?	Yes	NO	9.	Other co						YES	ı	No			
	5.	Family h	-	hearing	impairm	nent?		YES	No													
3.													consider to appropriat				s, ove	erall				
	If t	he child's	total sco	ore is in t	he 🔲	area, it	is close	to the o	cutoff. P	rovide	e learning	activitie	nt appears s and mon profession	itor.								
4.	FO	LLOW-UF	ACTIO	N TAKEI	N: Chec	k all tha	at apply.					5.	OPTIONA	L: Tr	ansfe	r ite	m res	pon	ses			
				s and res								(Y =	= YES, S =	SOM	ETIM							
				h primar								X =	response	missii T								
				all that a	-			nd/or be	ehaviora	al scre	enina.			1	2	3	4	5	6			
				health c		_					_	Co	mmunication						<u> </u>			
										·~y \3	·		Gross Motor						<u> </u>			
		Refer to	early int	terventio	n/early	childho	od spec	cial educ	cation.				Fine Motor									
		No furth	ner action	n taken a	at this ti	me						Pro	blem Solving									

Personal-Social

ASQ-3 Ages & Stages Questionnaires® 21 months 0 days through 22 months 30 days Month Questionnaire

Date ASQ completed:								
	М	М	D	D	Υ	Υ	Υ	Υ



Child's information Child's first name: Child's first name: Child's gender: A or more weeks premature; Widdle initial: Child's gender: A or more weeks premature; Widdle initial: Child's gender: A or more weeks premature; Widdle initial: Last name: Child's gender: A feetationship to child: Parent Guardian Teacher Child: Country: City: Country: Home telephone number: Child bast name: Child's gender: A ge at administration, in months and days: Program name: Middle initial: Last name: Child's gender: A ge at administration, in months and days: M M D D Program name: Middle initial: Child's gender: Chi	Date A	SQ co	mple	eted:		и N	M E) [) ,	Y	Y	Y \	Y															\/		-						
Child's fast name: Child's date of birth:	C	hild	's ir	nfo	rma	atio	n																													
Person filling out questionnaire First name: Middle initial: Last name:	Child's	first na	ame:	: :						Τ	Τ								Chi	ld's la	ast na	me:				_							\top	\top		
First name: Middle Initial: Last name: Last name	M N	M D	D	Y					3 c pre we	or mo emat eeks	ore w turely prem	eeks , # o	f					J	Chi			:: C) Fe	emale												
Street address: Relationship to child: Parent Guardian Teacher Ch profession of the parent or other relative State/Province: ZIP/Postal code Country: Home telephone number: Other telephone number: E-mail address: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M. M. M. D.			1 111	ıınç	y Ol	ונ כ	que:	Stic	m	aire	3																									
Parent Guardian Teacher Chpre Grandparent or other relative State/Province: ZIP/Postal code Country: Home telephone number: Other telephone number: E-mail address: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M M D D	First na	ame:		Т	Π				Т	Τ	Τ	Т					initia	al:	Las	t nan	ne:					\top	Τ	Т	\neg				Т	\top		
Parent Guardian Teacher Chpre Grandparent or other relative State/Province: ZIP/Postal code Country: Home telephone number: Other telephone number: E-mail address: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M M D D	C++																				D-I		- l- !		.:11.											
City: State/Province: ZIP/Postal code Country: Home telephone number: Other telephone number: E-mail address: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M. M. M. D.	Street	addres	is:																		Kei) Par	Parent					\circ				Child car provider			l care ider	•
Country: Home telephone number: Cother telephone number: Cother telephone number: E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M. M. M. D.	0.																				or	othe	er	, (pare	nt	_	()			L					
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M. M. D. D. D. M. M. D. D. D. M. M. M. D.	City:		Г	Т		T	Τ	Τ	Τ	Т		T	Т													Sta	ite/h	rov	ince) :	ZIP/F	ost	al co	de:	Т	
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M. M. D. D. D. M. M. D. D. D. M. M. M. D.																																		\perp		
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M. M. D.	Countr	y:						_						1	1	Но	me te	eleph	one	numl	oer:		_	Ot	her 1	tele	pho	ne n	umb	er:	_					
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Child ID #: Program ID #: If premature, adjusted age, in months and days: M M D D M M M D M M M M M M M M M M M M M M M M D M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M M																																				
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Child ID #: Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:	Names	от рес	оріе	assis	sting	ın qı	Jestic	onna	ire co	omp	letion	1: _																	_	_	_	_	_	_	_	_
Child ID #: Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:																													_			_	_	_	_	_
Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days: M. M. D. D. M. M. D. D. M. M. D. D. M. M. M. D.	Chile	۲ ID #۰												PF	ROC	GR/	AΜ	INF	OF	RMA	ATIC	Ν														
If premature, adjusted age, in months and days:																		A	Age a	at ad	minist	ratio	n, in	mon	ths an	d days	i:		Ĺ				\prod			
	Prog	gram IE) #: 														\neg													// r	л —		ا ر —	ر 		
Program name: M M D D																		ŀ	f pre	matu	re, ad	juste	d aç	ge, in	month	ns and	day	/S:	Ļ			L	\perp			
	Prog	gram n	ame:	:													-			-									_ N	л N	∕ 1		ا ر —	ر —	_	_
																															\perp	\perp	\perp	\perp	\perp	



Important Points to Remember:

22 Month Questionnaire

Notes:

21 months 0 days through 22 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

₫	Try each activity with your child before marking a response.				
₫	Make completing this questionnaire a game that is fun for you and your child.				
₫	Make sure your child is rested and fed.				
⊲	Please return this questionnaire by				—)
child	is age, many toddlers may not be cooperative when asked to do things. Yo more than one time. If possible, try the activities when your child is cooper "yes" for the item.				
co	MMUNICATION	YES	SOMETIMES	NOT YET	
	you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, What is this?" does your child correctly <i>name</i> at least one picture?	\bigcirc	\bigcirc	\bigcirc	
	Vithout your giving him clues by pointing or using gestures, can your hild carry out at least <i>three</i> of these kinds of directions?	\bigcirc	\bigcirc	\bigcirc	
	a. "Put the toy on the table." d. "Find your coat."				
	b. "Close the door." e. "Take my hand."				
	c. "Bring me a towel."				
so p	When you ask your child to point to her nose, eyes, hair, feet, ears, and o forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)	0	0	\bigcirc	
	oes your child say 15 or more words in addition to "Mama" and Dada"?	\bigcirc	\bigcirc	\bigcirc	
	ooes your child correctly use at least two words like "me," "I," "mine," nd "you"?	\bigcirc	\bigcirc	\bigcirc	
to (L b	Does your child say two or three words that represent different ideas ogether, such as "See dog," "Mommy come home," or "Kitty gone"? Don't count word combinations that express one idea, such as "bye-rye," "all gone," "all right," and "What's that?") Please give an exmple of your child's word combinations:		0		
		C	OMMUNICATIO	ON TOTAL	



G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	\bigcirc	0		
2.	Does your child run fairly well, stopping herself without bumping into things or falling?	\bigcirc		0	
3.	Does your child walk down stairs if you hold onto one of his hands? He may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	\bigcirc	0	\bigcirc	_
4.	Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.	\bigcirc			
5.	Does your child jump with both feet leaving the floor at the same time?	\circ	0		
6.	Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	0	GROSS MOTO *If Gross Motor Item "yes" or "someti Gross Motor It	6 is marked mes," mark	*
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child stack six small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	\bigcirc	\bigcirc	\bigcirc	—

F	NE MOTOR (continued)	YES	SOMETIMES	NOT YET	
3.	Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child flip switches off and on?	\bigcirc	\bigcirc	\bigcirc	—
6.	Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?	\bigcirc	\bigcirc	\bigcirc	
2.	While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least two blocks side by side? (You can also use spools of thread, small boxes, or other toys.)		0		
3.	Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block or small toy to stir food?	0		0	
4.	After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)				_
5.	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show her how.) (You can use a soda-pop bottle or a baby bottle.)	\bigcirc	0	\bigcirc	
6.	If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so that he can use it properly?	\bigcirc	\bigcirc	\bigcirc	
		PI	ROBLEM SOLVIN	IG TOTAL	
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	\bigcirc	\bigcirc	\bigcirc	

	RASQ3		22 Month Que	stionnaire	page 5 o
Ρ	ERSONAL-SOCIAL (continued)	YES	SOMETIMES	NOT YET	
2.	If you do any of the following gestures, does your child copy at least one of them?	\bigcirc	\bigcirc		_
	a. Open and close your mouth. b. Blink your eyes.				
	C. Pull on your earlobe.				
3.	Does your child eat with a fork?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your child drink from a cup or glass, putting it down again with little spilling?	\bigcirc	\bigcirc	\bigcirc	
5.	When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?	\bigcirc	\bigcirc	\bigcirc	_
		Р	ERSONAL-SOCI	AL TOTAL	
O	VERALL				
Ра	rents and providers may use the space below for additional comments.				
1.	Do you think your child hears well? If no, explain:		YES	ONG)
2.	Do you think your child talks like other toddlers her age? If no, explain:		YES	O NO)
3.	Can you understand most of what your child says? If no, explain:		YES	O NO)

$\overline{}$	4.0	_	
	VC	<i>(</i>)	-21
	$\boldsymbol{\mathcal{A}}$	v	J)

0	VERALL (continued)		
4.	Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:	YES	○ NO
5.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO
6.	Do you have concerns about your child's vision? If yes, explain:	YES	O NO
7.	Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO
8.	Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO
9.	Does anything about your child worry you? If yes, explain:	YES	O NO



22 Month ASQ-3 Information Summary

21 months 0 days through 22 months 30 days

Ch	ild's	name:							Da	ate AS	iQ comple	ted:							
Ch	ild's	ID #:							Da	ate of	birth:								
		stering pr								as age	adjusted selecting	for prei	maturity	0			No		
1.	res	ponses ar	e missin	g. Score	each ite	m (YES	s = 10, S	OMETI	MES = 5	, NO	$\Gamma YET = 0$. Add ite	s, including em scores, tal scores.						
		Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50)	55	(60
	Comi	munication	13.04						0	С		$\overline{\bigcirc}$	0	$\overline{\bigcirc}$	\overline{C})	0	($\overline{\bigcirc}$
	G	ross Motor	27.75									0		$\overline{\bigcirc}$	\overline{C})	0	($\overline{\bigcirc}$
	ı	ine Motor	29.61									0		$\overline{\bigcirc}$	\overline{C})	0	($\overline{\bigcirc}$
	Proble	em Solving	29.30									0	b	\bigcirc	\overline{C})	0	($\overline{\bigcirc}$
	Pers	onal-Social	30.07									0		$\overline{\bigcirc}$	\overline{C}		0	($\overline{\mathbb{C}}$
2.	TR	ANSFER (OVERAL	L RESPO	ONSES:	Bolded	lupperd	ase res _l	oonses r	equire	e follow-up	o. See A	SQ-3 Usei	's Gu	iide, (Chap	oter 6		
	1.	Hears we						Yes	NO	6.	Concerns Commen		vision?				YES	1	No
	2.	Talks like Commer		oddlers h	nis age?			Yes	NO	7.	Any med Commen		blems?				YES	1	No
	3.	Understa Commer		t of what	your ch	nild says	s?	Yes	NO	8.	Concerns		behavior?				YES	1	No
	4.	Walks, ru Commer		climbs lil	ke othe	r toddle	ers?	Yes	NO	9.	Other co Commen						YES	1	No
	5.	Family hi	-	hearing	impairm	nent?		YES	No										
3.													consider t appropriat				s, ove	erall	
	If t	he child's	total sco	ore is in t	he 🔲	area, it	is close	to the d	cutoff. P	rovide	e learning a	activitie	nt appears s and mon profession	itor.					
4.	FO	LLOW-UF	ACTIO	N TAKEI	N: Chec	k all tha	at apply					5.	OPTIONA	\L: Tr	ansfe	r ite	m res	pon	ses
				s and res								(Y =	= YES, S =	SOM	ETIM				
				h primar								X =	response	missii T	ng).				
				all that a	-			nd/or b	ehaviora	ıl scre	enina.			1	2	3	4	5	6
				health c		_					_		mmunication						
										· - y \3 -			Gross Motor	-					<u> </u>
		Refer to	early in	terventio	n/early	childho	od spec	cial edu	cation.				Fine Motor	<u> </u>					
		No furth	er actio	n taken a	at this ti	me						Pro	blem Solving						

Personal-Social

Other (specify):

ASQ-3 Ages & Stages Questionnaires®

24 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: M M D D Y Y Y Y	
Child's information	
Child's first name:	Middle initial: Child's last name:
Child's date of birth:	Child's gender:
	Male Female
M M D D Y Y Y	
Person filling out questionnaire	
First name:	Middle initial: Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent or other Foster parent Other:
City:	relative State/Province: ZIP/Postal code:
Country:	ome telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Traines of people assisting in questionnaire completion.	
PROGR	AM INFORMATION
Child ID #:	AM INFORMATION
Child ID #:	AM INFORMATION
PROGR Child ID #: Program ID #:	AM INFORMATION
Child ID #:	AM INFORMATION



24 Month Questionnaire

23 months 0 days through 25 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your child before marking a respons	e				
	Make completing this questionnaire a game that is fun for you and your child.	r 				
	☑ Make sure your child is rested and fed.					
	✓ Please return this questionnaire by					—)
chil	this age, many toddlers may not be cooperative when asked to d more than one time. If possible, try the activities when your rk "yes" for the item.					
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Without your showing him, does your child <i>point</i> to the correwhen you say, "Show me the kitty," or ask, "Where is the donneeds to identify only one picture correctly.)		\bigcirc	\bigcirc	\bigcirc	
2.	Does your child imitate a two-word sentence? For example, say a two-word phrase, such as "Mama eat," "Daddy play," home," or "What's this?" does your child say both words bac (Mark "yes" even if her words are difficult to understand.)	"Go		0	\bigcirc	
3.	Without your giving him clues by pointing or using gestures, child carry out at least <i>three</i> of these kinds of directions?	can your	\bigcirc	\bigcirc	\bigcirc	_
	a. "Put the toy on the table." d. "Find your o	coat."				
	b. "Close the door." e. "Take my ha	and."				
	c. "Bring me a towel."	ook."				
4.	If you point to a picture of a ball (kitty, cup, hat, etc.) and ask "What is this?" does your child correctly <i>name</i> at least one p		\bigcirc	\bigcirc	\bigcirc	
5.	Does your child say two or three words that represent different together, such as "See dog," "Mommy come home," or "Kit (Don't count word combinations that express one idea, such bye," "all gone," "all right," and "What's that?") Please give ample of your child's word combinations:	ty gone"? as "bye-	0	0		

C	OMMUNICATION (continued)	YES	SOMETIMES	NOT YET	
6.	Does your child correctly use at least two words like "me," "I," "mine," and "you"?	\bigcirc	\bigcirc	\bigcirc	
		(COMMUNICATIO	ON TOTAL	
G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	\bigcirc	\bigcirc	\bigcirc	
2.	When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	0	0	0	_
3.	Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.	\bigcirc		\bigcirc	_
4.	Does your child run fairly well, stopping herself without bumping into things or falling?			0	_
5.	Does your child jump with both feet leaving the floor at the same time?	\bigcirc		0	
6.	Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	\bigcirc	GROSS MOTO		*
			*If Gross Motor Item "yes" or "some Gross Motor I	n 6 is marked times," mark	



FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child turn the pages of a book by herself? (She may turn more than one page at a time.)	\bigcirc	\bigcirc	\bigcirc	
3.	Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your child flip switches off and on?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	0	\bigcirc	0	
6.	Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string	\bigcirc	\bigcirc	\bigcirc	_
	or shoelace?		FINE MOTO	OR TOTAL	_
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)				_
2.	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.) (You can use a soda-pop bottle or baby bottle.)	\bigcirc	0	\bigcirc	
3.	Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?	\bigcirc		0	
4.	Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?	\bigcirc	\bigcirc	\bigcirc	
5.	If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	\bigcirc	\circ	\bigcirc	_

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OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

2. Do you think your child talks like other toddlers her age? If no, explain:	YES	O NO	
			/

() YES

() no

VERALL (continued)		
Can you understand most of what your child says? If no, explain:	YES	O NO
		\bigcirc
Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:	YES	O NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	○ NO
Do you have any concerns about your child's vision? If yes, explain:	YES	O NO
Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO

OVERALL (continued)												
8. Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO										
9. Does anything about your child worry you? If yes, explain:	YES	O NO										



24 Month ASQ-3 Information Summary

23 months 0 days through 25 months 15 days

Child's name: Date ASQ complete									ted:											
Ch	ild's	ID #:							Da	ate of	birth:									
Αc	lmini	stering pr	ogram/p	orovider:																
1.	res	SCORE AND TRANSFER TOTALS TO CHART BELOW: See <i>ASQ-3 User's Guide</i> for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.																		
		Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50		55	ć	60	
	Com	munication	25.17								0	0	0	\bigcirc	\bigcirc		0	($\overline{\bigcirc}$	
	Gross Motor		38.07										0	0	0		0	(\overline{C}	
	Fine Motor		35.16										0	0	\bigcirc		0	(\supset	
	Probl	em Solving	29.78									0	\Diamond	\bigcirc	\circ		\bigcirc	(\supset	
	Pers	onal-Social	31.54									0		\bigcirc	\bigcirc		\bigcirc	(\subseteq	
2.	TR	ANSFER (OVERAL	L RESPO	ONSES:	Bolded	upperd	ase res	ponses r	equire	e follow-up	o. See A	ASQ-3 Use	er's Gu	ide, C	hap	ter 6.			
	1.		Hears well? Comments:					Yes	NO	6.	Concerns		oout vision?					١	No	
	2.		alks like other toddlers his age? comments:						NO	7.	Any medi Commen	n medical problems? mments:						١	No	
	3.	Understand most of what your child says? Comments:						Yes	NO	8.	Concerns		behavior?	•	YES	١	No			
	4.		Walks, runs, and climbs like other toddlers? Comments:						NO	9.	Other con					•	YES	١	No	
	5.	5. Family history of hearing impairment? Comments:							No											
3.)W-UP: Yo						s, ove	rall		
	If t	f the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule. If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor. If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.																		
4.	FO	LLOW-UF	-UP ACTION TAKEN: Check all that apply.										5. OPTIONAL: Transfer item responses							
		Provide activities and rescreen in months.											= YES, S = response			ES, N	N = N	OT	YET,	
Share results with primary health care provider. Refer for (circle all that apply) hearing, vision, and/or													Тезропзе	Т.		_	4	_		
								nd/or b	ehaviora	al scree	ening.			1	2	3	4	5	6	
	Refer to primary health care provider or other community agency (specify reason):										ecify	Co	mmunicatio Gross Moto	_						
Refer to early intervention/early childhood special education.										Fine Moto	or									
			-		-							Pro	blem Solvin	g						
No further action taken at this time										Pe	ersonal-Socia	al =====								

Other (specify):